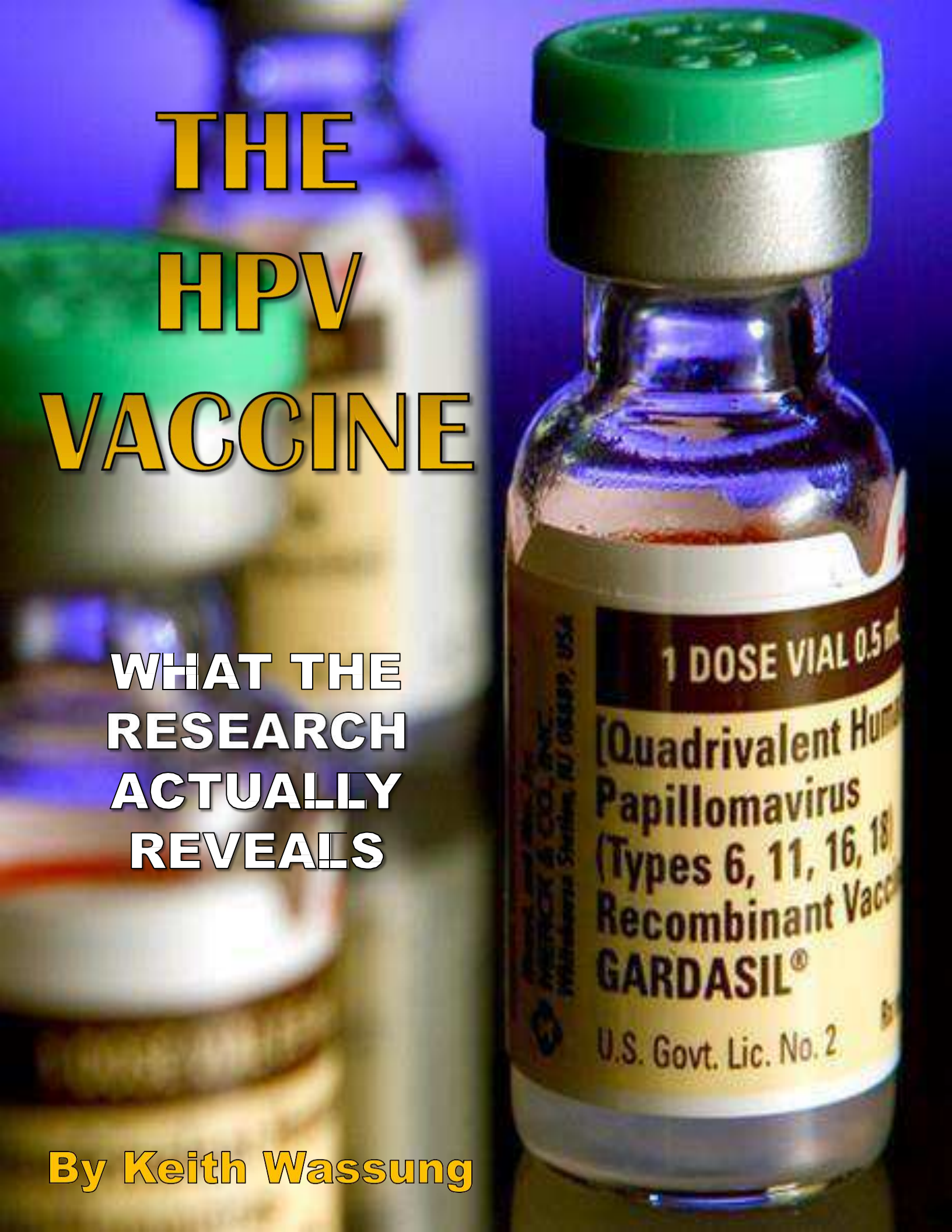
THE
HPV
VACCINE
WHAT THE
RESEARCH
ACTUALLY
REVEALS
1 DOSE VIAL 0.5
Papillomavirus
GARDASIL®
U.S. Govt. Lic. No. 2
By Keith Wassung

HPV infection and HPV-associated cervical cancer are significant national and global public health concerns. An estimated 11,000 newly diagnosed cases of cervical cancer occur annually in the United States, resulting in 3700 deaths.

Globally, an estimated 493,000 new cervical cancer cases occur each year, with 274,000 deaths; more than 80% of cervical cancer deaths worldwide occur in developing countries.

Human papillomavirus is the most common sexually transmitted infection in the United States, with an estimated 6.2 million individuals newly infected annually

WHAT IS THE HPV VACCINE?

The HPV vaccine claims to protect against some types of the human papillomavirus (HPV) that can cause cervical cancer and genital warts. Two HPV vaccines are available: HPV4 and HPV2.

The ingredients are proteins of HPV Types 6, 11, 16, and 18, amorphous aluminum hydroxyphosphate sulfate, yeast protein, sodium chloride, L-histidine, polysorbate 80, sodium borate, and water for injection.

The Federal Advisory Committee on Immunization Practice recommends that all girls age 11 thru 12 years old should get vaccinated against HPV. Health care providers may also give the vaccine to girls as young as 9 years, and to girls and women aged 13 thru 26 years who haven't gotten the vaccine yet. One of the HPV vaccines is also licensed for boys and men ages 9 thru 26 years to prevent genital warts.

There are two licensed HPV vaccines, Gardasil®, manufactured by Merck and Cervarix®, manufactured by GlaxoSmithKline . Gardasil® was licensed for use in females, age 9-26 years in June 2006 and for males' age 9-26 years in Oct 2009. Cervarix® was licensed for use in females age 10-25 in October 2009.

IS A VACCINE EVEN NECESSARY?

The first problem with using a vaccine approach is that there are over one hundred known strains of HPV, (and likely hundreds if not thousands of unknown strains) only 30 of which are even **theoretically linked with cervical cancer.** In addition, **HPV is present in at least half the normal population**, almost never causing any disease or problems whatsoever.

Numerous studies have shown 70 to 90 percent of people with HPV naturally clear the virus from the body within two years of infection — **with no help from drugs or vaccines**. So the most effective protection from problems caused by HPV is to avoid being infected by the multiple strains of HPV by not engaging in promiscuous, unprotected-by- condoms sex (the virus is transmitted sexually and condoms do not offer 100 percent protection) and by keeping your body's immune system strong and healthy through natural health practices.

HPV has never been scientifically proven to be a pathogen for cervical cancer

All that has ever been shown is that HPV is sometimes present in cervical cancer tissue, but as we know it's also present in half the normal population. **There is a complete lack of evidence that cervical cancer appears in women with HPV more often than in women without it.** And yet this will be the primary objective of the vaccine: to pretend to eliminate this ubiquitous virus from the body. The original phrase used by Merck to link HPV with cervical cancer was **"there is a strong connection."** How that phrase got transformed to '**is the cause of**' in the past two years is more a matter of shrewd marketing than of quality science.

The second obstacle to credibility with the HPV vaccine is that **the average age for cervical cancer is 50 years. But the plan is to mandate the HPV vaccine to girls as young as 11 years of age and on certain occasions as young as 9 years of age.** And the manufacturer is only claiming efficacy for 5 years.

So using their own statistics, **this makes the vaccine worthless in the long run,** because by the time most females need immunity, it will have worn off long ago.

QUALITY OF THE TEST STUDIES OF HPV

The FDA allowed Merck to use a potentially reactive aluminum containing placebo as a control for most trial participants, rather than a non-reactive saline solution placebo.

A reactive placebo can artificially increase the appearance of safety of an experimental drug or vaccine in a clinical trial.

For example, if we wanted to test the safety and efficacy of a carbonated soft drink on teeth, we would use water as a control or comparison. In the case of Merck clinical trials, they decided to use another soft-drink (**which of course manipulated the data**).

Gardasil contains 225 mcg of aluminum and, although aluminum adjuvants have been used in vaccines for decades, **they were never tested for safety in clinical trials**. Merck and the FDA did not disclose how much aluminum was in the placebo.

Here's what is alarming

Almost 90% of Gardasil recipients and 85% of aluminum placebo recipients followed-up for safety reported one or more adverse events within 15 days of vaccination. In addition, pain and swelling at the injection site occurred in approximately 83% of Gardasil and 73% of aluminum placebo recipients. **Sixty percent of those who got Gardasil or the aluminum placebo had systemic adverse events including headache, fever, nausea, dizziness, vomiting, diarrhea, and myalgia.**

The point here is that there is too little long term safety and effectiveness data to recommend Gardasil for universal use, especially mandatory use

ADVERSE REACTIONS TO THE HPV VACCINE

As of September 15, 2011, approximately 40 million doses of Gardasil® were distributed in the U.S. and VAERS (Vaccine Adverse Event Reporting System) received a total of 20,096 reports of adverse events following Gardasil® vaccination: 19,075 reports among females and 569 reports for males, of which 504 reports were received after the vaccine was licensed for males in October 2009. VAERS received 452 reports of unknown gender.

Adverse reactions that have been reported include:

- **pain**
- **swelling at the injection site**
- **high fever**
- **dizziness**
- **nausea**
- **fainting**
- **blood clots**
- **muscle weakness**
- **Guillain-Barre Syndrome (** a neurological disorder that causes muscle weakness and atrophy)

As of September 15, 2011, there have been a total 71 VAERS reports of death among those who have received Gardasil®. There were 57 reports among females, 3 were among males, and 11 were reports of unknown gender or clustering to the deaths that would suggest that they were caused by the vaccine and some reports indicated a cause of death unrelated to vaccination.

Since licensed in October 2009, uptake of Cervarix® vaccination in the U.S. has been very low. As of September 2011, there have been 52 VAERS reports of adverse events following Cervarix® vaccination in the U.S.

It is important to note historically only a fraction of adverse events involving vaccines ever get reported and the longer the time between the administration of the vaccine and the adverse event occurring, the less likely it will be attributed to the initial administration. This means that the vast majority of damages caused by vaccines like HPV are never reported.

Even the Journal of the American Medical Association, normally a staunch defender of vaccines, has voiced its concern about a mandatory HPV vaccine.

The AMA Journal of American Medicine (JAMA) warns Legislators about mandatory HPV vaccine:

The HPV vaccine is supported by limited efficacy and safety data. Clinical trials have thus far involved a relatively small population for a limited period of follow-up (5 years). The vaccine has not been evaluated for efficacy among younger girls (aged 9 to 15 years). Yet, if the vaccine were required nationwide, it would be administered to some 2 million girls and young women, most of them between 11 and 12 years old and some as young as 9 years old. The longer-term effectiveness and safety of the vaccine still need to be evaluated among a large population, and particularly among younger girls. Given that the overall prevalence of HPV types associated with cervical cancer is relatively low (3.4%) and that the long-term effects are unknown, it is unwise to require a young girl with a very low lifetime risk of cervical cancer to be vaccinated.

JAMA

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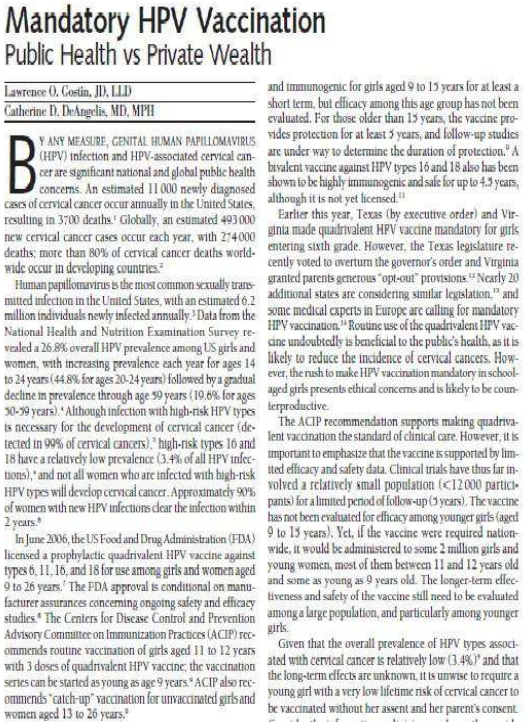

Mandatory HPV Vaccination

Public Health vs Private Wealth

Lawrence O. Gostin, JD, LLD
Catherine D. DeAngelis, MD, MPH

BY ANY MEASURE, GENITAL HUMAN PAPILLOMAVIRUS (HPV) infection and HPV-associated cervical cancer are significant national and global public health concerns. An estimated 11 000 newly diagnosed cases of cervical cancer occur annually in the United States, resulting in 3700 deaths.[1] Globally, an estimated 493 000 new cervical cancer cases occur each year, with 274 000 deaths; more than 80% of cervical cancer deaths worldwide occur in developing countries.[2]

Human papillomavirus is the most common sexually transmitted infection in the United States, with an estimated 6.2 million individuals newly infected annually.[3] Data from the National Health and Nutrition Examination Survey revealed a 26.8% overall HPV prevalence among US girls and women, with increasing prevalence each year for ages 14 to 24 years (44.8% for ages 20-24 years) followed by a gradual decline in prevalence through age 59 years (19.6% for ages 50-59 years).[4] Although infection with high-risk HPV types is necessary for the development of cervical cancer (detected in 99% of cervical cancers),[5] high-risk types 16 and 18 have a relatively low prevalence (3.4% of all HPV infections),[4] and not all women who are infected with high-risk HPV types will develop cervical cancer. Approximately 90% of women with new HPV infections clear the infection within 2 years.[6]

In June 2006, the US Food and Drug Administration (FDA) licensed a prophylactic quadrivalent HPV vaccine against types 6, 11, 16, and 18 for use among girls and women aged 9 to 26 years.[7] The FDA approval is conditional on manufacturer assurances concerning ongoing safety and efficacy studies.[8] The Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination of girls aged 11 to 12 years with 3 doses of quadrivalent HPV vaccine; the vaccination series can be started as young as age 9 years.[8] ACIP also recommends "catch-up" vaccination for unvaccinated girls and women aged 13 to 26 years.[8]

and immunogenic for girls aged 9 to 15 years for at least a short term, but efficacy among this age group has not been evaluated. For those older than 15 years, the vaccine provides protection for at least 5 years, and follow-up studies are under way to determine the duration of protection.[9] A bivalent vaccine against HPV types 16 and 18 also has been shown to be highly immunogenic and safe for up to 4.5 years, although it is not yet licensed.[11]

Earlier this year, Texas (by executive order) and Virginia made quadrivalent HPV vaccine mandatory for girls entering sixth grade. However, the Texas legislature recently voted to overturn the governor's order and Virginia granted parents generous "opt-out" provisions.[12] Nearly 20 additional states are considering similar legislation,[13] and some medical experts in Europe are calling for mandatory HPV vaccination.[14] Routine use of the quadrivalent HPV vaccine undoubtedly is beneficial to the public's health, as it is likely to reduce the incidence of cervical cancers. However, the rush to make HPV vaccination mandatory in school-aged girls presents ethical concerns and is likely to be counterproductive.

The ACIP recommendation supports making quadrivalent vaccination the standard of clinical care. However, it is important to emphasize that the vaccine is supported by limited efficacy and safety data. Clinical trials have thus far involved a relatively small population (<12 000 participants) for a limited period of follow-up (3 years). The vaccine has not been evaluated for efficacy among younger girls (aged 9 to 15 years). Yet, if the vaccine were required nationwide, it would be administered to some 2 million girls and young women, most of them between 11 and 12 years old and some as young as 9 years old. The longer-term effectiveness and safety of the vaccine still need to be evaluated among a large population, and particularly among younger girls.

Given that the overall prevalence of HPV types associated with cervical cancer is relatively low (3.4%)[4] and that the long-term effects are unknown, it is unwise to require a young girl with a very low lifetime risk of cervical cancer to be vaccinated without her assent and her parent's consent.

"Merck has demonstrated that they are more than willing to gamble our children's health on an unproven vaccine in return for immense profits. **This magnitude of evil is rare, even for a drug company."**

Dr. Julian Whitaker

As of today, the Gardasil vaccine has never been proven to decrease the actual incidence of cervical cancer."...In fact, according to the text Cancer: Principles & Practice of Oncology, "In most studies, HPV status was not a strong independent prognosticator of outcome in cervical cancer patients; however there appears to be a trend for HPV-negative tumors to do worse …those tumors containing HPV DNA tend to be of an early stage and low grade." This suggests that if the goal is to reduce deaths from cervical cancer the target should not be HPV at all because the tumors without HPV actually "do worse."

It is a frustrating time when our young girls and women are being lined up and jabbed with a vaccine that has the potential to affect their future fertility - and that may be the least of the problems.

Anyone with a HPV infection (and they are common), who is given the vaccine risks immune system shutdown or autoimmune disease.

They are not testing for wart virus infection prior to vaccination. In the trials for this vaccine they were careful to exclude anyone with a wart virus or who developed a wart virus infection.

They chose women who were not likely to have more than one sexual partner, thereby minimizing this risk.

THIS IS AN UNKNOWN RISK FACTOR but when you read the reports already in from overseas you will see that once again vaccination is not rocket science, unless you equate it with the ones that explode and obliterate!

Australian Immunization Council

The pharmaceutical-supported mainstream media, and the Merck- supported Public Broadcasting Service uncritically accept the claim that human papillomavirus is the cause of cervical cancer in women, despite the absence of supporting medical evidence.

There's also no discussion of the one pharmaceutical merchandise (i.e. feminine hygiene products) that is the most likely causes this cancer.

Gary Krasner

Director: Coalition for Informed Choice

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THE EDUCATION AND TRAINING OF A DOCTOR OF CHIROPRACTIC

Educational requirements for doctors of chiropractic are among the most stringent of any of the health care professions. The typical applicant at a chiropractic college has already acquired nearly four years of pre-medical undergraduate college education, including courses in biology, inorganic and organic chemistry, physics, psychology and related lab work. Once accepted into an accredited chiropractic college, the requirements become even more demanding — four to five academic years of professional study are the standard. Because of the hands-on nature of chiropractic, and the intricate adjusting techniques, a significant portion of time is spent in clinical training.

Doctors of chiropractic — who are licensed to practice in all 50 states, the District of Columbia, and in many nations around the world — undergo a rigorous education in the healing sciences, similar to that of medical doctors. In some areas, such as anatomy, physiology, rehabilitation, nutrition and public health, they receive more intensive education than their MD counterparts.

Like other primary health care doctors, chiropractic students spend a significant portion of their curriculum studying clinical subjects related to evaluating and caring for patients. Typically, as part of their professional training, they must complete a minimum of a one-year clinical-based program dealing with actual patient care. In total, the curriculum includes a minimum of 4,200 hours of classroom, laboratory and clinical experience. The course of study is approved by an accrediting agency which is fully recognized by the U.S. Department of Education. This has been the case for more than three decades.

Records from insurance and court cases have constantly shown that chiropractic is the safest portal of entry health care available to the public today. Although no healthcare procedures are 100% safe, chiropractic stands on its record of safety and effectiveness unmatched in healthcare.

The chiropractic adjustment is a safe, efficient procedure which is performed nearly one million times every working day in the United States.

There is a singular lack of actuarial data that would justify concluding that chiropractic care is in any way harmful or dangerous. Chiropractic care is non-invasive, therefore, the body's response to chiropractic care is far more predictable than its reactions to drug treatments or surgical procedures. Of the nearly one million adjustments given every day in this country, complications are exceedingly rare.

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